

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		4				
6		4				
7		4				
8		4				
9		4	15			
10	1					
11	1					
12	1					
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41	1					
42	1					
43	1					
44	1					
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49						
50						
TOTAL IND.	11					
TOTAL DEP.	138					
TOTAL CLAIMS	149		131			

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